

EMPLOYMENT APPLICATION

DEPARTMENT OF HUMAN RESOURCES
CITY OF SALEM, VIRGINIA
P. O. Box 869
Salem, Virginia 24153
(540) 375-3060 FAX (540) 375-4058
www.salemva.gov

Position Applied for: _____

Deadline: _____

Application Date: _____

PERSONAL INFORMATION**NAME:** (Last, First, Middle)**ADDRESS:** (Street, City, State, Zip Code)**HOME PHONE****ALTERNATE PHONE****EMAIL ADDRESS****DRIVERS LICENSE**☐ YES ☐ NO**DRIVERS LICENSE NUMBER
STATE NUMBER:****CLASS****LEGAL RIGHT TO WORK IN THE UNITED STATES?**☐ YES ☐ NO**FORMER LAST NAME****MONTH AND DAY OF BIRTH
(MM/DD)****RATE OF PAY EXPECTED**

\$ _____ PER YEAR \$ _____ PER HOUR

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:☐ Some High School
☐ High School☐ Some College
☐ Technical College☐ Associate's Degree
☐ Bachelor's Degree☐ Master's Degree
☐ Doctorate**EDUCATION****DATES:**

FROM: _____ TO: _____

SCHOOL NAME:**LOCATION: (City, State)****DID YOU GRADUATE?**☐ YES ☐ NO**DEGREE RECEIVED:****MAJOR:****UNITS COMPLETED:**☐ SEMESTER ☐ QUARTER**DATES:**

FROM: _____ TO: _____

SCHOOL NAME:**LOCATION: (City, State)****DID YOU GRADUATE?**☐ YES ☐ NO**DEGREE RECEIVED:****MAJOR:****UNITS COMPLETED:**☐ SEMESTER ☐ QUARTER**HIGH SCHOOL EDUCATION**DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES ☐ NO ☐IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

SCHOOL NAME

CITY

STATE

COLLEGE/UNIVERSITY EDUCATION**SCHOOL NAME****DEGREE RECEIVED****SCHOOL LOCATION (CITY/STATE)****DID YOU GRADUATE?**
YES ☐ NO ☐☐ SEMESTER ☐ QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME**DEGREE RECEIVED****SCHOOL LOCATION (CITY/STATE)****DID YOU GRADUATE?**
YES ☐ NO ☐☐ SEMESTER ☐ QUARTER
OF UNITS COMPLETED:

MAJOR

WORK HISTORY

DATES From To		EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	NUMBER OF EMPLOYEES SUPERVISED	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES				
REASON FOR LEAVING				

DATES From To		EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	NUMBER OF EMPLOYEES SUPERVISED	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES				
REASON FOR LEAVING				

DATES From To		EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	NUMBER OF EMPLOYEES SUPERVISED	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES				
REASON FOR LEAVING				

DATES From To		EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	NUMBER OF EMPLOYEES SUPERVISED	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES				
REASON FOR LEAVING				

CERTIFICATES & LICENSES		
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	
SKILLS		
OFFICE SKILLS	TYPING (NET WORDS PER MINUTE)	DATA ENTRY (NET WORDS PER MINUTE)
OTHER SKILLS		
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
ADDITIONAL INFORMATION		
Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous		
REFERENCES		
Please list references you wish to include (Personal/Professional). Please include: Name, title, phone number, email, and mailing address.		
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	
MISCELLANEOUS		
The purpose of the following questions section is to obtain information necessary to evaluate you for the position you are applying for, to obtain data to evaluate our recruitment program and to prepare statistical reports required with Federal, State and local agencies. Required information is denoted with an asterisk (*).		
*1. Have you ever worked for City of Salem? <input type="checkbox"/> CURRENT EMPLOYEE <input type="checkbox"/> PREVIOUS EMPLOYEE <input type="checkbox"/> NEVER EMPLOYED WITH CITY OF SALEM		
2. If you were previously employed by City of Salem, list your dates of employment, position title, department, and other names you may have been known as.		
*3. Do you have family members working at City of Salem? If yes, please list their name: YES <input type="checkbox"/> NO <input type="checkbox"/> _____		

*4. Have ever been convicted of a crime as an adult? Note: A conviction does not automatically eliminate you from employment consideration for most positions

- ☐ NEVER CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS
☐ MISDEMEANOR ☐ FELONY ☐ TRAFFIC

5. If you marked a conviction in question 5, provide a description of the offense, date charged, date convicted and locality and State where convicted.
Note: Failure to provide all information may result in rejection of your application

*6. How did you hear about this employment opportunity with the City of Salem?

- ☐ Internet – City Site ☐ GovernmentJobs ☐ Other Site ☐ Newspaper

7. Are you an honorably discharged Veteran?

YES ☐ NO ☐

8. If you have been known by another name(s), please note below

9. What date will you be available for work?

CERTIFICATION

I certify that all information provided on this application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered

I understand that all information on this application is subject to verification and I consent to criminal history and driving record background checks, if applicable. Disclosure of a criminal conviction record is not an automatic bar from employment and will be considered on an individual and job-related basis. I further understand that I may have to pass a physical examination as a condition of my employment and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers and educational institutions regarding this application. I hereby release City of Salem from any/all liability of whatever kind and nature resulting from obtaining and having an employment decision based on such information.

I have read and understand the above information.

SIGNATURE OF APPLICANT

DATE

CONFIDENTIAL INFORMATION

CITY OF SALEM

DEPARTMENT OF HUMAN RESOURCES

EQUAL EMPLOYMENT OPPORTUNITY DATA

City of Salem has an Affirmative Action Program to ensure equal employment in its hiring practices. We are asking you to help us monitor the effectiveness of our program by completing the affirmative action information below. The completion of this form is voluntary and the information will not be used for employment purposes. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application.

Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability. As a local government employer, City of Salem complies with government and equal employment regulations

- ☐ I agree to provide Equal Employment Opportunity Information
- ☐ I do not agree to provide Equal Employment Opportunity Information

Please check the race or ethnic group with which you identify (check only one)

- ☐ WHITE (not Hispanic or Latino)
- ☐ BLACK OR AFRICAN AMERICAN (not Hispanic or Latino)
- ☐ HISPANIC OR LATINO.
- ☐ ASIAN (not Hispanic or Latino)
- ☐ AMERICAN INDIAN OR ALASKA NATIVE (not Hispanic or Latino)
- ☐ NATIVE HAWIIAN OR OTHER PACIFIC ISLANDER (not Hispanic or Latino)
- ☐ TWO OR MORE RACES (not Hispanic or Latino)

Please indicate your gender

- ☐ FEMALE ☐ MALE

Please indicate your date of birth (mm/dd/yyyy) _____